

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION		FEC IDENTIFICATION NUMBER ▼ C C00487470	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014	
Mailing Address 2001 L St., NW, Ste. 600		Amount 219.15	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.47765
Purpose of Expenditure email costs (from advance line 21)		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate MARILINDA GARCIA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 219.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2014	
Mailing Address 2001 L St., NW, Ste. 600		Amount 68.56	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.47766
Purpose of Expenditure press release (from advance line 21)		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2014
Name of Federal Candidate MARILINDA GARCIA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 686287.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	287.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Chocola

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 16 / 2014

Signature

NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00487470 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 14 / 2014</div> </div>	
Mailing Address 2001 L St., NW, Ste. 600		Amount <div> <div></div> <div>188.37</div> </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.47763 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 14 / 2014</div> </div>
Purpose of Expenditure tv ad production costs (from advance line 21)		Category/ Type	
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>686476.08</div> </div>		District: <u>02</u> State: <u>NH</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 14 / 2014</div> </div>	
Mailing Address 2001 L St., NW, Ste. 600		Amount <div> <div>741.42</div> </div>	
City	State	Zip Code	Transaction ID : SE.47767 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 14 / 2014</div> </div>
Washington	DC	20036	
Purpose of Expenditure mail production costs, postage (from advance line 21)		Category/ Type	
Name of Federal Candidate MARILINDA GARCIA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>687217.50</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		929.79
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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Full Name of Payee Red Sea, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4550 Montgomery Ave. #906		Amount <input type="text"/>	
City Bethesda	State MD	Zip Code 20814	Transaction ID : SE.47761
Purpose of Expenditure tv ad air buy, production costs	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure	Category/ Type <input type="text"/>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Chris Chocola

[Electronically Filed]

Date

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Signature